



JFW 1645\$

PTO/SB/22 (08-03)  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket No. (Optional)</b> <b>54442-20003.00</b>	
In re Application of <b>James D. THACKER</b>			
Application Number <b>10/053,871</b>		Filed <b>January 24, 2002</b>	
For: <b>RAPID METHOD FOR MICROBIAL TYPING AND ENUMERATION</b>			
Art Unit <b>1645</b>		Examiner <b>Ja-na A. HINES</b>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |   |                 |
|---|-----------------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ <b>55.00</b> |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$              |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$              |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$              |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$              |
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **03-1952**.
- ☒ I have enclosed a duplicate copy of this sheet.
- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number **36,902**
- ☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a)

August 23, 2004  
Date  
703-760-7700  
Telephone Number

Signature  
**James Remenick**  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input type="checkbox"/> Total of <u>1</u> forms are submitted.
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